

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

HZ305924

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) ROSEN, ANTHONY J		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 11430	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 3927 W GRENSHAW ST	
DATE OF APPOINTMENT 09-MAR-2009	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 010	BEAT/CALL NO. 1063A	LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 1132
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DATE OF OCCURRENCE 13-JUN-2016	TIME 15:17:00
HEIGHT 602	WEIGHT 235	DAY OF WEEK MONDAY	
NO. OF OFFICERS BATTERED 2			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? _____			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <ul style="list-style-type: none"> <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY <p>Describe _____</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <ul style="list-style-type: none"> <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER 		<p>WORKING:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS <p>How many? _____</p> <p>PATROL TYPE:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ 	
MANNER OF ATTACK			
		<ul style="list-style-type: none"> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) 	
TYPE OF WEAPON/THREAT			
		<p>(Check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. FIREARM CALIBER _____ <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ <ul style="list-style-type: none"> <input type="checkbox"/> B. VEHICLE <ul style="list-style-type: none"> <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> E. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE 	
FIREARM USE INFORMATION			
		(Check all that apply):	
		<ul style="list-style-type: none"> <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON 	
OFFENDER INFORMATION			
CHARGE _____		IUCR CODE _____	SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB 04-MAY-1993
J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify ORIGINAL CHARGE _____)		ORIGINAL IUCR CODE _____	CB NO. 19326791 IR NO.
K. OTHER			
TYPE OF INJURY TO OFFICER			
<ul style="list-style-type: none"> <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE 		<p>WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <p>GANG RELATED?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <p>NO. OF OFFENDERS PRESENT? 1</p>	
LIGHTING CONDITIONS AT INCIDENT			
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN <ul style="list-style-type: none"> <input type="checkbox"/> D. DUSK <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND 	
APPROXIMATE OUTDOOR TEMPERATURE: 85 °F			

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REPORTING MEMBER - SIGNATURE
ROSEN, ANTHONY J

STAR NO.
11430

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
LEIBAS SR, PHILLIP

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